



TOWN OF CLARENCE

One Town Place
Clarence, New York 14031

Phone: (716) 741-8930 Fax: (716) 741-4715
Website: Clarence.ny.us

APPLICATION FOR COMMITTEE / BOARD APPOINTMENT

(We are an Equal Opportunity Employer.)

Date: _____

PERSONAL BACKGROUND:

Name _____ Social Security No. _____
Last First Middle

Present Address _____
Street City State Zip Code

Permanent Address _____
(If different) Street City State Zip Code

Phone No. () _____ Email Address: _____

Committee / Board Applying for: _____

Have you ever applied with the Town of Clarence before? _____ Position? _____ When? _____

| Educational Background | Name and Location of School | Circle Highest Grade Completed | Major Area of Study |
|------------------------------------|-----------------------------|--------------------------------|---------------------|
| High School | | 9 10 11 12 / GED | |
| | | | |
| College | | 1 2 3 4 | |
| | | | |
| Trade, Business or Graduate School | | | |
| | | | |

Specialized technical skills (i.e.: computer, equipment operation, special tools or machines used):

What experience have you had working on or with committees or boards either for your job or for other community organizations? _____

In what ways do you feel that you could contribute to the committee or board you are applying for? _____

REFERENCES: (Give names of three person not related to you, whom you have known for at least 3 years.)

| | <u>Name & Occupation</u> | <u>Address</u> | <u>Phone Number</u> | <u>Years Known</u> |
|----|-------------------------------------|-----------------------|----------------------------|---------------------------|
| 1. | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ |

APPLICANT'S STATEMENT:

In signing this application, I certify that all of the foregoing information is a complete and accurate statement of the facts and understand that if any misrepresentation, omission or falsification be discovered, it will constitute grounds for disqualification/dismissal. I hereby authorize you to conduct any investigation necessary concerning any part of my background related to the position I am seeking. I release all parties from any liability in connection with the provision and use of such information.

This application is current for six months. At the conclusion of this time, if I have not heard from the Town and still wish to be considered, it will be necessary to fill out a new application.

I understand and agree that, if appointed by the Town Board, I will abide by its rules and regulations, which I understand, are subject to change. I further understand that, if appointed, the terms of the appointment will be those presented to me by the Town Board.

Date Received

Applicant's Signature

Signature

Date

Copies give to: _____
